

2. Provider Enrollment

Provider enrollment helps to assure that needed services are provided for adult care home residents. Only DMA-enrolled adult care home providers may be reimbursed by Medicaid for providing Non-Emergency Medically Necessary Transportation (NEMNT) and Adult Care Home Personal Care (ACH/PC).

2.1 The Purpose of Enrollment

Provider enrollment is voluntary. Adult care homes are not obligated or required to participate in Medicaid. Enrollment with DMA does two things:

- It documents that the adult care home agrees to provide services to Medicaid recipients under the conditions for enrollment; and
- Allows the adult care home to be paid according to Medicaid policies and procedures for the services it provides to Medicaid recipients.

2.2 Who May Be Enrolled

To be enrolled as an adult care home provider, the home must:

- Be licensed under General Statute 131D, General Statute 131E, or General Statute 122C;
- Agree to all the conditions of participation; and
- Complete and submit the appropriate provider participation agreement to DMA's Provider Services Unit.

2.3 Responsibilities of an Enrolled Provider

The adult care home provider is expected to give quality care to the resident, and meet all the policies and procedures of the Medicaid program for services billed to Medicaid as well as conditions of participation in the Medicaid program. The conditions of participation are in the provider participation agreement.

2.4 The Patient Self-Determination Act

Section 4751 of the Omnibus Reconciliation Act (OBRA) 1990, otherwise known as the Patient Self-Determination Act, requires certain Medicaid providers, including providers of Adult Care Home Personal Care (ACH/PC), to furnish information relative to patients' rights and advance directives.

2.4.1 Patients' Rights and Advance Directives

Adult care home providers affected by the Patient Self-Determination Act must:

- Provide written information to patients (residents) 18 years of age or older concerning their rights under State law to:
 - Make decisions concerning their medical care.
 - Accept or refuse medical or surgical treatment.

- Formulate advance directives, such as a living will, a durable power of attorney for health care, or an advance instruction for mental health treatment.
- Maintain and distribute to all patients (residents) 18 years of age or older the written policies of the organization concerning implementation of these rights.
- Document in the patient's (resident's) records whether he/she has executed an advance directive.

Note: If the resident has an advance directive, obtain a copy to ensure that the details of the resident's wishes are known.

- Not condition the provision of care or otherwise discriminate against a patient (resident) based on whether he/she has executed an advance directive.
- Ensure compliance with requirements of State law (whether statutory or as recognized by the courts of the State) regarding advance directives.
- Provide education for staff and the community on advance directives.

The adult care home may either perform the requirements of the patient self-determination provisions, or may enter into a contract with another entity to fulfill the requirements. This contract, however, does not absolve the provider from its legal responsibilities concerning advance directives and patients' rights.

2.4.2 When a Resident Must Receive the Information

An adult care home provider must give information about patients' rights and advance directives to a potential resident in advance of the individual coming under its care - that is, prior to admission.

There may be instances when a resident is comatose or otherwise incapacitated, and unable to receive information or to articulate whether he has executed an advance directive. In this case, to the extent that the adult care home provider issues policy or procedure materials to the resident's family, surrogates or other concerned persons in accordance with State law, information about advance directives must also be included. The home must provide this information to the resident once he is no longer incapacitated.

2.4.3 Policies and Procedures That Must Be Established

All Medicaid providers affected by the Patient Self-Determination Act, including adult care home providers, must establish and maintain written policies and procedures describing how patients' rights are carried out. It is the provider's responsibility to assure that these policies and procedures are developed and implemented. In addition, these providers must distribute a written summary of their policies or procedures to patients (residents), along with a summary of the State law concerning patients' rights (see Section 2.4.5).

2.4.4 Education Requirements for Provider Staff and the Community

State law also requires all affected providers to educate their staff and the community about patients' rights and advance directives. Providers are permitted to develop their own campaign, and may share the task in a local area by organizing joint activities.

Federal and state surveys for compliance may request documentation on the nature and scope of a provider's educational activities, so providers should be sure to document in writing the various activities they have undertaken to educate their staff and the community about advance directives. Written documentation must be prepared and maintained in any manner a provider chooses. Ongoing educational activities should also be documented.

2.4.5 The Advance Directives Pamphlet

DMA, in conjunction with the Department of Health and Human Services (DHHS) Advisory Panel on Advance Directives, developed the required summary of State law concerning patients' rights. This summary is entitled "Medical Care Decisions and Advance Directives: What You Should Know" and is included with this manual as Appendix D. This summary must be distributed to all adult residents.

It is two pages in length, and may be photocopied on the front and back of one sheet of paper and folded in half to form a four-page pamphlet. There is a box on the last page of the pamphlet in which the provider must indicate a contact source for additional information. The name and/or telephone number of the contact must be written, typed, or stamped in the box. The contact must be within the provider's organization, but may either supply information to the patient or refer the patient to sources of information outside the provider's organization.

Providers may photocopy the pamphlet in Appendix D as is, or they may alter the document graphically. They may not, however, change or delete text or change the paragraph order. Any pamphlet a provider decides to use must include the DHHS logo and the production statement on page four of the folded pamphlet.

Questions about the Patient Self-Determination Act and the summary pamphlet should be directed to DMA's Medical Policy Section. The address and telephone number is in Appendix B.

2.4.6 Additional Information About Advance Directives

A number of public and private organizations have produced additional information about the Patient Self-Determination Act and issues relating to patients' rights under State law. The North Carolina Cooperative Extension Service at North Carolina State University has published three fact sheets (including forms to execute an advance directive):

- "The Living Will," FCS-364 (Revised 5/97)
- "Health Care Power of Attorney," FCS-387 (Revised 5/97)
- "Legal Authority," FCS-363 (Revised 8/93)

To obtain copies of these publications, contact the local county Cooperative Extension office, which may be listed under "Agriculture Extension" in the telephone book. You may also write to: Family Resources Management, North Carolina State University, Campus Box 7605, Raleigh, NC, 27695-7605. All three publications may be photocopied for distribution.

The North Carolina Bar Association also has a publication, "This Is The Law: Living Wills and Health Care Powers of Attorney," (Revised 1996). This publication is free to individuals, libraries and non-profit public service organizations. To receive a copy, send a self-addressed, stamped (first class postage), business-size envelope to: N.C. Bar Association, Attn: Pamphlet Program, P.O. Box 3688, Cary, NC 27519.

2.5 Requesting Enrollment

The following outlines the basic steps for an adult care home to be enrolled with Medicaid. This information is directed to a potential provider - an adult care home not currently participating as a Medicaid provider.

Step 1 Request Enrollment Forms

Contact DMA's Provider Services Unit to request an application and provider participation agreement for each adult care home you wish to enroll. Note that each adult care home site must be enrolled separately. See Appendix B for the address and telephone number.

Step 2 Send Completed Forms to Provider Services

Complete the forms as directed by Provider Services. Be sure the forms contain all the required signatures and information. Send the forms along with proof of licensure to DMA's Provider Services at the address in Appendix B. Note that the effective date of enrollment may be no earlier than the first day of the month in which the completed forms are received by Provider Services.

Step 3 Receive Notification of DMA's Action

When your enrollment is approved, Provider Services will:

- Assign a unique Medicaid provider number to you for filing claims;
- Notify you in writing of your provider number and its effective date; and
- Send you a signed copy of the provider participation agreement.

EDS will put your name and address on the mailing list for monthly Medicaid Bulletins and other provider information.

2.6 Change in Ownership

The Medicaid provider participation agreement is not transferable. When an enrolled adult care home is sold, the new owner must apply for enrollment and be enrolled in order to continue to be paid by Medicaid. The new owner must notify DMA's Provider Services Unit within 30 days of the change in ownership if it wishes to continue as a Medicaid provider. If this notification is received after 90 days, there may be a break in enrollment. A break in enrollment means that you will not be entitled to Medicaid payments between the date of the change in ownership and the effective date of the new enrollment.

2.7 Reporting Other Changes

An enrolled provider must notify DMA's Provider Services in writing:

- Immediately if the home no longer meets Medicaid provider enrollment requirements. This includes failure of the adult care home to hold a current valid license in North Carolina.
- Within five (5) days if the home changes its name, address, or tax identification (IRS) number for reasons other than a change in ownership.

2.8 Terminating Enrollment

If a provider no longer wants to be enrolled, it notifies DMA's Provider Services Unit in writing. The provider participation agreement may be terminated by either party with written advance notice to the other party at least 30 days before the expected termination date. Provider participation shall be terminated as outlined in the provider participation agreement and Medicaid policies.

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